

**Department of Health Care Finance
Medical Care Advisory Committee (MCAC)
State Plan Amendment (SPA) and Rulemaking Report
April 25, 2018**

STATE PLAN AMENDMENTS

TITLE	DESCRIPTION	STATUS			TARGET/ ACTUAL IMPLEMENTATION DATE	NOTES/ CITATION
		Recently Approved (Date)	Pending CMS Review (Date Submitted)	In Develop- ment		
Nursing Facilities Reimbursement Methodology	Redesigns reimbursement methodology for nursing facilities, including new quality measures and potential for value-based purchasing.	3/19/18	12/19/17		Effective date: 2/1/18	Amends Attachment 4.19D, Part I
Crisis/Emergency Services	Increase the per unit reimbursement rate for the Crisis/Emergency service codes H2011 and H2011HK. The Crisis/Emergency service codes H2011 and H2011HK represent authorized services under the Mental Health Rehabilitation Services (MHRS) section of the District Medicaid State Plan.		4/3/18		Effective Date: 5/1/18	Amends Supp. 2 to Attachment 4.19-B
Dental FFS Methodology	Proposes to make technical revision to dental fee-for-service reimbursement methodology language in the state plan, as requested by CMS.			X	FY18	Amends Attachment 4.19B, page 13
Graduate Medical Education (GME)	Clarifies the longstanding policy that DHCF will reimburse in-District hospitals for Direct Graduate Medical Education (GME) costs attributable to the population enrolled in managed care.			X	FY18	Attachment 4.19-A, Part 1, pages 10-10a

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Hospice	Proposes to update standards for the delivery of and reimbursement for adult hospice services, enabling DHCF to maintain compliance with new federal requirements regarding payment rates for routine home care services and increase monitoring and oversight of delivery of hospice services.			X	FY18	Amends: (1) Supplement 1 to Attachment 3.1A, pages 22-24; (2) Supplement 1 to Attachment 3.1B, pages 21-23; (3) Attachment 4.19B, pages 8-9
Pharmacist Administration Services	Proposes to authorize DHCF to reimburse pharmacies an administration fee for pharmacists that administer immunizations, vaccines, and anaphylaxis agents. Pharmacists would be able to directly administer these treatments for Medicaid beneficiaries.			X	FY18	Amends Supplement 1 to Attachment 3.1-A, pages 8-8a
Burial Funds	Proposes to establish limitations on the amount of burial funds that would be excluded from countable resources for individuals applying for or receiving long term care services and supports			X	FY18	Amends Supplement 8b to Attachment 2.6A
EPD Waiver Amendments	Proposes to add License Clinical Social Worker (LCSWs) to type of clinicians allowed to conduct initial eligibility assessments and annual reassessments; removes ability for beneficiaries residing Assistant Living Facilities (ALFs) to receive Personal Care Aide (PCA) waiver services; adds safety monitoring to PCA waiver services; removes underutilized physical therapy and occupational therapy			X	FY18	Amends EPD Waiver

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	services; and removes duplicative performance measures.					
Program of All-Inclusive Care for the Elderly (PACE)	Proposes to establish a PACE program in the District, make services covered under PACE available to eligible Medicaid beneficiaries who enroll in the program, and set criteria for becoming a PACE provider.			X	FY19-20	Amends: (1) Attachment 2.2A, page 11; (2) Section 3, pages 19c and 20c; (3) Attachment 3.1A, page 11; (4) Attachment 3.1B, page 9 Creates new: (1) Supplement 7 to Attachment 3.1A; (2) Supplement 4 to Attachment 3.1B

RULES

TITLE	DESCRIPTION	STATUS			NOTES/ CITATION
		Recently Published (Date)	Pending External Review	In Development	
Crisis/Emergency Services Rate Increase (Emergency and Proposed Rule)	Proposes to increase the per unit reimbursement rate for the Crisis/Emergency service codes H2011 and H2011HK. The Crisis/Emergency service codes H2011 and H2011HK represent authorized services under the Mental Health Rehabilitation Services (MHRS) section of the District Medicaid State Plan.	04/06/18			Amends Section 5213 of Chapter 52 of Title 29 DCMR
Medicaid Reimbursement for Fee for Services Pharmacies Covered Outpatient Drugs (2nd Emergency and Proposed Rule)	Implements a new reimbursement methodology that complies with the new CMS final rule requiring certain drug ingredient costs to be reimbursed at actual acquisition cost. Increases professional dispensing fees and requires notice at the point of service.	03/23/18			Amends Chapter 27 of Title 29 DCMR
Medicaid Reimbursement for Intermediate Care Facilities for Individuals with Intellectual Disability (Final Rule)	Updates reimbursement methodology for ICFs/IID; enables reimbursement of ICFs/IID when a Medicaid beneficiary is hospitalized or on a therapeutic leave of absence; and combines "hospitalization" and "therapeutic leave of absence" categories of reserved bed days.	03/09/18			Amends Chapters 9 and 41 of Title 29 DCMR
Medicaid Home & Community Based Services Waiver for Individual with Intellectual and Development Disability (Final Rule)	Updates rule to align with revisions made in the 5-year renewal of ID/DD Waiver recently approved by CMS.	03/02/18			Amends Chapter 9 & 19 of Title 29 DCMR
Supplemental Security Income and Optional State Supplemental	Clarifies the non-MAGI Medicaid eligibility factors for the SSI and OSP eligibility groups	02/23/18			Amends Chapter 95 of Title 29 DCMR

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Payment (Proposed Rule)					
Medicaid Reimbursable Telemedicine Services (3rd Emergency & Proposed Rule)	Establish standards for governing eligibility for Medicaid beneficiaries receiving health services via telemedicine under the Medicaid fee-for-service program, and to establish conditions of participation and reimbursement policies for providers who deliver healthcare services to Medicaid beneficiaries via telemedicine.	02/23/18			Creates new Section 910 of Chapter 9 of Title 29 DCMR
Medicaid Reimbursement for Early Intervention Services (Final Rule)	Removes the reimbursement rate table from the rule and aligns updates of the Early Intervention (EI) rates with the requirements for Medicaid fee schedule updates.	02/09/18			Amends Chapter 71 of Title 29 DCMR
Medicaid Reimbursement of Federally Qualified Health Center (FQHC) (Final Rule)	Establishes a Federally Qualified Health Centers (FQHCs) that authorizes a Prospective Payment System (PPS) that comports with federal regulations that have been in place since 2001, or an Alternative Payment Methodology (APM) that is based on reasonable costs, subject to certain requirements. The current PPS reimbursement model has been in effect since January 2, 2001. Since that time, the number of FQHCs operating in the District, the variety of services offered and patients served have increase.	02/02/18			Amends Chapter 45 of Title 29 DCMR
Hospice Services (Proposed Rule)	Updates standards for the delivery of and reimbursement for adult hospice services, enabling DHCF to maintain compliance with new federal requirements regarding payment rates for routine home care services and increase monitoring and oversight of delivery of hospice services.			X	Creates new Section 939 of Chapter 9 of Title 29 DCMR
TEFRA/Katie Beckett (2nd Proposed Rule)	Clarifies eligibility standards for "TEFRA/Katie Beckett" eligibility group receiving HCBS services in lieu of institutional care.			X	Creates new Section 9512 of

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					Chapter 95 of Title 29 DCMR
Medically Needy Spend Down (Emergency and Proposed Rule)	Clarifies the eligibility factors for medically needy individuals whose income exceeds the maximum income for their eligibility category but are otherwise eligible for Medicaid, and details the medically needy spend down process for medically needy individuals to become eligible for Medicaid.			X	Creates new Section 9515 of chapter 95 of Title 29 DCMR
Burial Funds (Proposed Rule)	Establishes limitations on the amount of burial funds that would be excluded from countable resources for individuals applying for or receiving long term care services and supports			X	Amends Section 9802 to Chapter 98 of Title 29
Durable Medical Equipment (DME) (2nd Emergency and Proposed)	Revises DME coverage limitations to comply with federal requirements that prohibit us from limiting use of the equipment and services to a home/residential setting.			X	Amends Section 997 of Title 29 DCMR
Graduate Medical Education (GME) (Emergency and Proposed)	Amendments to clarify the longstanding policy that DHCF will reimburse in-District hospitals for Direct Graduate Medical Education (GME) costs attributable to the population enrolled in managed care.		X		Amends Chapter 48 of Title 29 DCMR